Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL090007 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE BROOKDALE UNION PARK MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by The following plan of correction is for Brookdale Frank Strickland and Ed Miller on 09/30/2015: Union Park. The following plan of correction is Based on information obtained from the DHSR in regards to the statement of deficiencies and database, this facility was licensed for Licensure plan of correction dated September 30, 2015. on 08/16/1996. The facility is currently licensed This plan of correction is not to be construed as for (87) beds. Therefore, this facility is required to meet the 1996 Rules for the Licensing of Adult an admission of our agreement with the Care Homes, applicable portions of the 2005 10A findings and conclusions in the Statement of NCAC 13F - Licensing of Adult Care Homes of Deficiencies, or any related sanction or fine. Seven or More Beds, and applicable portions of the amended 1996 NC State Building Code(s) for Rather it is submitted as confirmation of our a Group I-Institutional, Unrestrained Occupancy. ongoing efforts to comply with statutory and regulatory requirements. In this document we Deficiencies were cited and a Plan of Correction is required. have outlines specific actions in response to the identified issues. We have not provided detailed C 166 C 166 Housekeeping-Maintained Free of Hazards response to each allegation or finding, nor have SECTION .0300 - PHYSICAL PLANT we identified mitigating factors. 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and C166 Housekeeping-Maintained Free of orderly manner, free of all obstructions and hazards: Hazards: (e) This Rule shall apply to new and existing facilities. Refrigerant line caulked by 11.13.15, visual This Rule is not met as evidenced by: inspection monthly by Maintenance Technician 1-Based on observations, this facility has not and/or designee. maintained the service of the exterior construction and their finishes. This may affect Exterior receptacle repaired by 11.13.15, visual the staff and residents if there is an infestation of inspection monthly by Maintenance Technician bugs or vermin into the facility. and/or designee. Findings on 09/30/2015: There is a refrigerant line penetrating the brick veener/exterior wood stud wall construction that Division of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUR EURUTIVE Arector

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Findings on 09/30/2015:

of origin,

This Rule is not met as evidenced by:

1-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment

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and/or designee.

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the cylinders fell on the floor surface breaking the valves, propelling the cylinders and turning into a

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL090007 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE BROOKDALE UNION PARK MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 189 Continued From page 3 C 189 dangerous projectile. Finding on 09/30/2015: Oxygen bottles of various sizes were not stored in approved racks located in the clothes closet in Room 49. 5-Based on observations, this facility has not maintained the fire protection of resident rooms by converting the rooms for excessive storage that have increased the fire load of a space that is not designed for the additional fire protection. This could effect all residents and staff in the event that fire and/or smoke is not contained in the room. Findings on 09/30/2015: Room 49 had at least 10 bed mattresses and frames, 8 sides table, lambs and boxes with stored items. Passage from the room entry door to the exterior wall was unaccessible. 6-Based on observation, the facility has not maintained and serviced the HVAC supply and return air grilles. This will effect all residents and staff. Findings on 09/30/2015: The return-air grilles have excessive particulate build-up located in Dining Hall and in the Rooms 37 & 39. 7-Based on observation, the facility has not maintained in a safe and serviced electrical devices. This may effect all residents and staff. Findings on 09/30/2015: There is an ceiling mounted electrical box that does not have a cover or a device has been removed that is located in the 300 Hall

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL090007 B. WING 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE BROOKDALE UNION PARK MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 199 Continued From page 5 C 199 by subjecting them to house-keeping odors. Findings on 09/30/2015: The mechanical exhaust fans are not exhausting interior air in the East Wing Bathrooms for Rooms 35 to 46, East Wing Mechanical Room and in the Bathroom for Room 49 that are not operating when switched to the on position. ivision of Health Service Regulation

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